

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 11/15/2010		2. CONTRACT NO. (If any) DTMA8C05019		6. SHIP TO:	
3. ORDER NO. CTM19A2011003/00001		4. REQUISITION/REFERENCE NO.		a. NAME OF CONSIGNEE	
5. ISSUING OFFICE (Address correspondence to) U.S.DOT/ Maritime Administration Atlantic Div. Acquisition Office MAR-380-2 7737 Hampton Blvd Building 19 Suite 300 NORFOLK VA 23505-1204				b. STREET ADDRESS	
				c. CITY	e. ZIP CODE
7. TO: Patricia Murphy				f. SHIP VIA	
a. NAME OF CONTRACTOR Crowley Technical Management, Inc.				8. TYPE OF ORDER	
b. COMPANY NAME				<input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS 9487 Regency Square Blvd				REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY Jacksonville		e. STATE FL	f. ZIP CODE 32225-8126		
9. ACCOUNTING AND APPROPRIATION DATA				10. REQUISITIONING OFFICE U.S. DOT/ Maritime Administration	

11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT	
<input type="checkbox"/> a. SMALL	<input type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	Various	
<input type="checkbox"/> d. WOMEN-OWNED	<input type="checkbox"/> e. HUBZone	<input type="checkbox"/> f. EMERGING SMALL BUSINESS			
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple	
a. INSPECTION Destination	b. ACCEPTANCE Destination			16. DISCOUNT TERMS	

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	This is a Confirming Order for the S.S. WRIGHT Fixed Fees for 01-31 October 2010.					
	Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:						
	a. NAME MARAD A/P INVOICES						\$0.00
	b. STREET ADDRESS (or P.O. Box) P.O. BOX 25710						
c. CITY OKLAHOMA CITY				d. STATE OK	e. ZIP CODE 73125	\$0.00	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed)
Monique Leake
TITLE: CONTRACTING/ORDERING OFFICER

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE NO
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DATE OF ORDER	CONTRACT NO.	ORDER NO.
11/15/2010	DTMA8C05019/00001	CTM19A2011003/00001

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Admin Office: U. S. DOT Maritime Administration Atlantic Div. Acquisition Office MAR-380.2 7737 Hampton Blvd Building 19 Suite 300 Norfolk VA 23505-1204</p> <p>Period of Performance: 10/01/2010 to 09/30/2011</p> <p>In order for an invoice to be processed for payment, it must include your Task Order Number and Invoice Number. Without these numbers, your invoice will be returned and payment will be delayed.</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00